

INTRAVASCULAR STENT DEVICE

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BACKGROUND OF THE INVENTION

This invention relates to intravascular devices for implantation within a vessel of the body, and more particularly to a stent device which may be used in the treatment of blood vessel disorders. More specifically, the intravascular device may take the form of an aneurysm cover to be used in the treatment of aneurysms which occur in the brain.

DESCRIPTION OF THE PRIOR ART

On a worldwide basis, nearly one million balloon angioplasties were performed in 1997 to treat vascular disease, including blood vessels clogged or narrowed by a lesion or stenosis. The objective of this procedure is to increase the inner diameter or cross-sectional area of the vessel passage, or lumen, through which blood flows.

Another serious vascular defect is an area of weakened vessel wall that causes a bulge, or bubble, to protrude out in a radial direction from the vessel. This type of defect is called an aneurysm. If untreated, the aneurysm may continue expanding until it bursts thereby causing hemorrhaging from the vessel.

In an effort to prevent restenosis or treat an aneurysm without requiring surgery, short flexible cylinders or scaffolds, made of metal or polymers, are often placed into a vessel to maintain or improve blood flow. Referred to as stents, various types of these devices are widely used for reinforcing diseased blood vessels, for opening occluded blood vessels, and for defining

an internal lumen to relieve pressure in an aneurysm. The stents allow blood to flow through the vessels at an improved rate while providing the desired lumen opening or structural integrity lost by the damaged vessels. Some stents are expanded to the proper size by inflating a balloon catheter, referred to as “balloon expandable” stents, while others are designed to elastically resist compression in a “self-expanding” manner.

Balloon expandable stents and self-expanding stents are generally delivered in a cylindrical form, crimped to a smaller diameter and are placed within a vessel using a catheter-based delivery system. When positioned at a desired site within a vessel, these devices are expanded by a balloon, or allowed to “self-expand,” to the desired diameter.

One such stent for treatment of abdominal aortic aneurysms is disclosed in U.S. Patent No. 6,267,783 to Robert P. Letendre, et al. This patent discloses a self-expanding stent which may be used in the treatment of aortic aneurysms. This device may be easily recaptured after placement and repositioned to a new position within the vessel. This patent, assigned to a related company, is subsequently referred to and the disclosure therein is incorporated and made a part of the subject patent application.

Another stent aneurysm treatment device is disclosed in U.S. Patent No. 6,361,558, assigned to the same assignee as the present application. This patent discloses vasculature stents of various configurations which may be used as aneurysm covers for occluding, or partially occluding, aneurysms located at various positions along the blood vessels.

SUMMARY OF THE INVENTION

There is a need for an improved stent which may be easily delivered to a vasculature site through a very small catheter, is capable of being repositioned and which exhibits sufficient structural integrity and resilience under radial compressive forces. More particularly, there is a

need for such a stent that, in its compressed state prior to delivery of the stent, has a diameter which is extremely small. Such a stent could be placed in a very small microcatheter for subsequent positioning within a vessel of the human brain. Obviously, such vessels are extremely small and very tortuous throughout their length.

In accordance with one aspect of the present invention, there is provided a self-expanding stent device which includes a small diameter skeletal tubular member. The skeletal tubular member is comprised of a plurality of cells which are formed by a plurality of generally undulating members and a plurality of struts. The undulating members are generally parallel with the longitudinal axis of the tubular member and are generally parallel to each other. In addition, the undulating members have a plurality of peaks. The undulating members and struts are interconnected and have a repeating pattern in which the proximal ends of the struts are attached to the peaks of the undulating members and the distal end of the struts are attached to the peaks of adjacent undulating members.

In accordance with another aspect of the present invention, the skeletal tubular member has a very small compressed diameter for delivery within a vessel and a normally biased expanded diameter for retaining the stent against the walls of the vessel. As the tubular member is compressed to its small diameter, the peaks of the undulating members pull upon the proximal end of the struts and the distal ends of the struts pull upon peaks of adjacent undulating members thereby causing the cells of the tubular members to collapse and "nest" together. This nesting causes the skeletal tubular member to retain a very small diameter.

In accordance with another aspect of the present invention, the skeletal tubular member includes at least two proximal legs which extend generally parallel to the longitudinal axis of the

tubular member and are attached to the proximal end of the tubular member. At least one of the proximal legs includes a T-shaped or I-shaped attachment flange.

In accordance with still another aspect of the present invention, the proximal legs are biased outwardly from the longitudinal axis of the tubular member. The proximal legs preferably include a radiopaque marker for positioning the stent within a vessel.

In accordance with another aspect of the present invention, the tubular member includes at least one distal leg which extends generally parallel to the longitudinal axis of the tubular member and is attached to the distal end of the tubular member. The distal leg preferably includes a radiopaque marker for locating the distal end of the stent as the stent is placed in a vessel.

In accordance with still another aspect of the present invention, there is provided a self-expanding stent device which includes a small diameter skeletal tubular member which is formed with a thin wall. The wall of the tubular member includes a plurality of cells which are formed by a plurality of sinusoidal members and a plurality of struts. The sinusoidal members are generally parallel to the longitudinal axis of the tubular member and are generally parallel to each other. Each sinusoidal member has a plurality of positive peaks and negative peaks. The sinusoidal members and the struts are interconnected and have a repeating pattern in which each strut connects a positive peak of a sinusoidal member with a negative peak of an adjacent sinusoidal member.

In accordance with still another aspect of the present invention, the skeletal tubular member has a very small compressed diameter for delivery within a vessel and a normally biased expanded diameter for retaining the stent device against the walls of a vessel. As the tubular member is compressed to its small diameter, the positive peaks of the sinusoidal members pull

the struts, and the struts pull the negative peaks of adjacent sinusoidal members thereby causing the cells of the tubular member to collapse with the result that the sinusoidal members “nest” together with adjacent sinusoidal members in order to provide a very small diameter stent device.

In accordance with still another aspect of the present invention, a self-expanding aneurysm cover is provided which when placed across an aneurysm of a blood vessel reduces, or obstructs, the flow of blood between the aneurysm and its related blood vessel. The aneurysm cover includes a small diameter skeletal tubular member which is comprised of a plurality of cells which are formed by a plurality of generally undulating members and a plurality of struts. The undulating members are generally parallel with the longitudinal axis of the tubular member and are generally parallel to each other. In addition, the undulating members have a plurality of peaks. The undulating members and struts are interconnected and have a repeating pattern in which the proximal ends of the struts are attached to the peaks of the undulating members and the distal end of the struts are attached to the peaks of adjacent undulating members.

These and other aspects of the present invention and the advantages thereof will be more clearly understood from the foregoing description in drawings of a preferred embodiment of the present invention.

BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1 is an oblique prospective view of an intravascular stent constructed in accordance with a preferred embodiment of the present invention;

Figure 1a is an expanded view of the proximal portion of the retaining legs shown in Figure 1;

Figure 2 is a side elevational view of the intravascular stent illustrated in Figure 1 with the tubular stent being cut along a line and flattened into a single plane; and,

Figure 3 illustrates in more detail the proximal retaining legs of Figure 1a and the interconnecting elements between the intravascular stent and a positioning catheter.

DESCRIPTION OF THE PREFERRED EMBODIMENT

Figure 1 illustrates a self-expanding stent device which is laser cut to form a thin-walled, skeletal tubular member 11 comprised of nickel-titanium alloy. Once cut, the wall of the tubular member 11 includes several openings, or cells 14. When the skeletal tubular member 11 is placed over an aneurysm, a physician is able to deliver embolic coils or other such devices through the cells 14 and into the aneurysm. The tubular member 11 also functions to cover the mouth of the aneurysm thus obstructing, or partially obstructing, the flow of blood into the aneurysm. Also, the tubular member 11 prevents medical devices such as embolic coils from escaping the aneurysm.

The preferred length of the skeletal tubular member 11 may range from 0.0795 inches to 3.15 inches. The diameter of the tubular member 11 varies depending on its deployment configuration. In a non-deployed or expanded state, the diameter of the tubular member 11 may extend up to about 0.4 inches. When the skeletal tubular member 11 is compressed to fit within the lumen of a deployment catheter, the diameter may be reduce to about 0.014 inches.

Attached to the proximal end 16 of the skeletal tubular member 11 are three proximal legs 18, 18a, and 18b that extend longitudinally from the tubular member 11. The proximal legs 18, 18a, and 18b are preferably biased outwardly from the longitudinal axis of the tubular

member 11. This outwardly biased configuration aids in the deployment system as subsequently described.

T-shaped or I-shaped attachment flanges 20, 20a, and 20b are attached to the tips of each proximal leg 18, 18a, and 18b. Figure 1a describes the T-shaped or I-shaped flanges 20, 20a, and 20b in more detail. Attached to the distal end 21 of the skeletal tubular member 11 are two distal legs 22 and 22a that extend longitudinally away from the tubular member 11.

Figure 1a illustrates in detail one of the T-shaped or I-shaped attachment flanges 20 which is also laser cut from the skeletal tubular member 11 at the proximal end of one of the proximal legs 18. The T-shaped or I-shaped attachment flange 20 is slightly arched and oriented on the proximal leg 18 such that the arch coincides with the wall 12 of the tubular member 11.

Figure 2 illustrates the repetitive cell pattern of the skeletal tubular member 11. The cell pattern may be formed by interconnected undulating members 24 and struts 26. Each strut 26 has a proximal end 28 and a distal end 30. Each undulating member 24 has a proximal end 32, a plurality of peaks 34, and a distal end 36. The proximal end 32 is the left tip of an undulating member 24. The peaks 34 are the highest and lowest points of an undulating member 24. The distal end 36 is the right tip of an undulating member 24.

The undulating members 24 and struts 26 are interconnected in a way to maximize “nesting” of the undulating members 24 to thereby minimize the compressed diameter of the skeletal tubular member 11 during deployment. The proximal end 28 of each strut 26 is attached to a peak 34 of an undulating member 24 and the distal end 30 of the same strut 26 is attached to a peak 34 of an adjacent undulating member 24. This interconnection of undulating members 24 and struts 26 permits the cells 14 of the skeletal tubular member 11 to collapse and allows the tubular member 11 to attain a compressed diameter.

The repetitive cell pattern of the skeletal tubular member 11 may also be formed by interconnected sinusoidal members 38 and struts 26. Each sinusoidal member 38 has a proximal end 40, a plurality of positive peaks 42, a plurality of negative peaks 44, and a distal end 45. The proximal end 40 is the left tip of a sinusoidal member 38. The positive peaks 42 are the highest points of a sinusoidal member 38. The negative peaks 44 are the lowest points of a sinusoidal member 38. The distal end 45 is the right tip of a sinusoidal member 38.

The sinusoidal members 38 and struts 26 are interconnected in a way to maximize “nesting” of the sinusoidal members 38 thereby minimizing the compressed diameter of the skeletal tubular member 11 during deployment. Each strut 26 connects a positive peak 42 of a sinusoidal member 38 with a negative peak 44 of an adjacent sinusoidal member 38. This interconnection of sinusoidal members 38 and struts 26 permits the cells 14 of the skeletal tubular member 11 to collapse and allows the tubular member 11 to attain a compressed diameter.

Also illustrated in Figure 2 are the proximal legs 18, 18a, and 18b and the distal legs 22 and 22a. In the repetitive cell pattern formed by undulating members 24 and struts 26, the proximal legs 18, 18a, and 18b are connected to the proximal ends 32 of undulating members 24, and the distal legs 22 and 22a are connected to the distal ends 36 of undulating members 24. In the repetitive cell pattern formed by sinusoidal members 38 and struts 26, the proximal legs 18, 18a, and 18b are connected to the proximal ends 40 of sinusoidal members 38, and the distal legs 22 and 22a are connected to the distal ends 45 of sinusoidal members 38.

It should be understood that the stent device of the present invention may alternatively be coated with an agent, such as heparin or rapamycin, to prevent stenosis or restenosis of the

vessel. Examples of such coatings are disclosed in U.S. Patent Nos. 5,288,711; 5,516,781; 5,563,146 and 5,646,160. The disclosures in these patents are incorporated herein by reference.

Figure 3 illustrates the deployment system 46 for the stent device 10. The deployment system 46 includes an outer sheath 48 which is essentially an elongated tubular member, similar to ordinary guiding catheters which are well known to those of ordinary skill in the art. The deployment system 46 also includes an inner shaft 50 located coaxially within the outer sheath 48 prior to deployment. The inner shaft 50 has a distal end 52 and a proximal end (not shown). The distal end 52 of the shaft 50 has three grooves 54, 54a, and 54b disposed thereon. When the deployment system 46 is not fully deployed, the stent device 10 is located within the outer sheath 48. The T-shaped or I-shaped attachment flanges 20, 20a, and 20b on the proximal legs 18, 18a, and 18b of the tubular member 11 are set within the grooves 54, 54a, and 54b of the inner shaft 50, thereby releasably attaching the stent device 10 to the inner shaft 50. This deployment system is described in more detail in U.S. Patent No. 6,267,783 assigned to the same assignee as the present patent application. The disclosure in this patent is incorporated herein by reference and made a part of the present patent application.

A novel system has been disclosed in which a self-expanding stent device comprises a laser cut, skeletal tubular member having a plurality of cells. Although a preferred embodiment of the invention has been described, it is to be understood that various modifications may be made by those skilled in the art without departing from the scope of the claims which follow.